Revision: ECFA-PM-91-4 (BPD)

ADGUST 1991

CNG No.: 0938-

State: District of Columbia

SECTION 2 - COVERAGE AND ELIGIBILITY

Citation 42 CFR 435.10 and Subpart J

Application, Determination of Eligibility and Purnishing Medicaid

The Medicaid agency meets all requirements of 42 CFR Part 435, Subpart J for processing applications, determining eligibility, and furnishing **(a)**

Medicaid.

TN No. 91-9 Approval Date 16 Supersedes IN No. MA75-5

Effective Date 10/31/91

HCFA ID: 7982E

Revision: HCFA-PM-93-2 (MB)

MARCH 1993

State: District of Columbia

Citation 2.1 (b) (1) Except as provided in items 2.1(b)(2) and 42 CFR (3) below, individuals are entitled to 435.914 Medicaid services under the plan during the 1902(a)(34) of the Act three months preceding the month of application, if they were, or on application would have been, eligible. The effective date of prospective and retroactive eligibility is specified in ATTACHMENT 2.6-A. (2) For individuals who are eligible for 1902(e)(8) and 1905(a) of the Medicare cost-sharing expenses as Act qualified Medicare beneficiaries under section 1902(a)(10)(E)(i) of the Act, coverage is available for services furnished after the end of the month in which the individual is first determined to be a qualified Medicare beneficiary. ATTACHMENT 2.6-A specifies the requirements for determination of eligibility for this group. X 1902(a)(47) and (3) Pregnant women are entitled to ambulatory 1920 of the Act prenatal care under the plan during a presumptive eligibility period in accordance with section 1920 of the Act. ATTACHMENT 2.6-A specifies the requirements for determination of eligibility for this group. 42 CFR (c) The Medicaid agency elects to enter into a risk 434.20 contract with an HMO that is --Qualified under title XIII of the Public

- Health Service Act or is provisionally qualified as an HMO pursuant to section 1903(m)(3) of the Social Security Act.
- X Not Pederally qualified, but meets the requirements of 42 CFR 434.20(c) and is defined in ATTACHMENT 2.1-A.
- Not applicable.

TN No. Approval Date # 1995 Effective Date 4/1/1923

Supersedes TN No. q/-9 Revision: HCFA-PM-91-6 (MB)

September 1991

OMB No.

State/Territory: District of Columbia

Citation

1902(a)(55).

2.1(d) The Medicaid agency has procedures to take applications, assist applicants, and perform initial processing of applications from those low income pregnant women, infants, and children under age 19, described in S1902(a) (10)(A)(i)(IV), (a)(10)(A)(i)(VI), (a) (10)(A)(ii) (IX) at locations other than those used by the title IV-A program including FQHCs and disproportionate share hospitals. Such application forms do not include the ADFC form except as permitted by HCFA instructions.

TN No. 91-8Supersedes Approval Date $\sqrt{19}$ Effective Date
TN No.

HCFA ID: 7985E